




TEXAS DEPARTMENT OF HEALTH  
AUSTIN, TEXAS  
INTER-OFFICE MEMORANDUM

**TO:** Regional Directors  
Directors, Local Health Departments  
Directors, Independent WIC Local Agencies  
Herman Horn, Chief, Bureau of Regional/Local Health Operations

**FROM:** Barbara Keir, Director  
Division of Public Health Nutrition and Education  
Bureau of Nutrition Services 

**DATE:** February 25, 2000

**SUBJECT:** **Breast Pump Survey**

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Help us evaluate the effectiveness of the WIC breast pump purchase by administering the attached survey to WIC participants. Please follow these procedures:

1. Do surveys for one week only.
2. Give surveys **only** to WIC moms who previously breastfed their child as infants.
3. Make enough copies of the survey to give to all previously breastfeeding moms of WIC children at their 1 year re-certification.
4. Fax the surveys to Tracy Erickson at (5 12) 4587609, or mail to Texas Department of Health, Bureau of Nutrition Services, 1100 West 49<sup>th</sup> Street, Austin, Texas, 78756, by **April 1, 2000**.

We are asking that all local agencies do the survey for 1 week, regardless of whether or not you are currently participating in the breast pump program. **Please complete this process by April 1, 2000.**

Thank you for your assistance. This information will provide some baseline data. We will be asking for this same information on a number of occasions throughout the year to help us evaluate the effectiveness of the breast pump purchase.

Attachments

Local Agency\_\_\_\_\_

## Breast Pump Survey

*Please complete this survey if you previously breastfed your child.*

1. How long did you breastfeed your child? (Fill in a number in the appropriate slot.)

\_\_\_\_\_ days  
\_\_\_\_\_ weeks  
\_\_\_\_\_ months

2. Why did you discontinue breastfeeding? (Check all that apply.)

\_\_\_\_ Sore nipples/breasts  
\_\_\_\_ Did not have enough milk  
\_\_\_\_ Return to work/school  
\_\_\_\_ Did not want to breastfeed in public  
\_\_\_\_ Could not find anyone to help me breastfeed

O t h e r \_\_\_\_\_

3. Did you ever use a breast pump?    yes        no

4. If yes,

■ How long did you use the breast pump? \_\_\_\_\_

■ What kind of breast pump did you use?

\_\_\_\_\_ manual breast pump

\_\_\_\_\_ electric breast pump

5. Please check all that apply to you:

\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_ African American/Black  
\_\_\_\_ **Hispanic/Latino**  
\_\_\_\_ Native American or Alaskan  
\_\_\_\_ White

O t h e r \_\_\_\_\_

*Thank you for your time.*

## Encuesta Sobre el Uso de Bombas Extractoras

Favor de **completar** esta encuesta si **usted alimentó** con el pecho a **su hijo** en el pasado.

1. ¿Por cuánto tiempo alimentó con el pecho a su hijo?

\_\_\_\_\_ días  
\_\_\_\_\_ semanas  
\_\_\_\_\_ meses

2. ¿Por qué dejó de alimentar con el pecho? (Puede **marcar más** de una respuesta.)

\_\_\_\_\_ pezón(es)/senos adoloridos  
\_\_\_\_\_ no **producí** suficiente leche  
\_\_\_\_\_ **regresé** al trabajo/escuela  
\_\_\_\_\_ no quise alimentar con el pecho en **público**  
\_\_\_\_\_ Tuve problemas en alimentar con el pecho y no **encontré** quién me ayudara.

3. ¿Alguna vez usó una bomba para extraer la leche materna? \_\_\_\_\_ Si  
\_\_\_\_\_ No

4. Si contestó si:

¿Por cuánto tiempo uso la bomba extractora? \_\_\_\_\_

¿Qué tipo de bomba usó?

\_\_\_\_\_ bomba extractora manual  
\_\_\_\_\_ bomba extractora eléctrica

5. Origen étnico:

\_\_\_\_\_ Asiático o de las Islas del Pacífico  
\_\_\_\_\_ Africano-Americano  
\_\_\_\_\_ Mexicano-Americano  
\_\_\_\_\_ Indígenas Norteamericanos  
\_\_\_\_\_ Anglo

*Gracias por su participación.*